

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE														
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	2		CRASH SEVERITY (CHECK MOST SEVERE)		<input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS		<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED								
IN COUNTY OF WARREN			IN <input checked="" type="checkbox"/> CITY			LEBANON			DATE OF CRASH:		DAY		TIME: MILITARY								
CRASH OCCURRED ON			YMCA's Property			WITHIN THE INTERSECTION OF			0711p912v16		TUES		1922								
IF NOT IN INTERSECTION			MILES 360 FEET			(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)			Deerfield Rd.		CITY CODE		8303								
LOG-1		LOG-2		LOC		JUR		FH9		FILT											
A	UNIT NO.	NO OF OCCUPANTS		OPERATING		PARKED		DRIVERLESS		HIT & RUN NON CONTACT		INSURANCE CO OR AGENT									
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)																	
PHONE NO.				BIRTH DATE		AGE		SEX		SOCIAL SECURITY NO.				STATE		DRIVER'S LICENSE NO.		OCCUPATION			
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS												PHONE					
VEH YR		MAKE		MODEL		COLOR		STYLE		STATE		LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR					
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		<input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE		<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE		<input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
8	UNIT NO.	NO OF OCCUPANTS		OPERATING		PARKED		DRIVERLESS		HIT & RUN NON-CONTACT		INSURANCE CO. OR AGENT		Nationwide Ins. Co.							
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)																	
PHONE NO.				BIRTHDATE		AGE		SEX		SOCIAL SECURITY NO.				STATE		DRIVER'S LICENSE NO.		OCCUPATION			
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS												PHONE					
Knight, Stephen A.				4099 Traud Ct. Morrow, OH 45152												513-446-9251					
VEH YR		MAKE		MODEL		COLOR		STYLE		STATE		LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR					
2001		Toyota		45		TAN		45		F5K3440		NONE									
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		<input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE		<input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		POSITION				INJURIES							
		ADDRESS same				PHONE		SEX		A B C D E F				A B C D E F							
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		POSITION				INJURIES							
		ADDRESS				PHONE		SEX		A B C D E F				A B C D E F							
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		POSITION				INJURIES							
		ADDRESS				PHONE		SEX		A B C D E F				A B C D E F							
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		POSITION				INJURIES							
		ADDRESS				PHONE		SEX		A B C D E F				A B C D E F							
A B C		INJURED TAKEN TO				By		A B C D E F				ALCOHOL									
D E F		INJURED TAKEN TO				By		A B C D E F				ALCOHOL									
A B C		INJURED TAKEN TO				By		A B C D E F				ALCOHOL									
D E F		INJURED TAKEN TO				By		A B C D E F				ALCOHOL									
A		OFFENSE CHARGED AND DESCRIPTION				ORC CITY ORD.		A B C D E F				ALCOHOL									
O		OFFENSE CHARGED AND DESCRIPTION				ORC CITY ORD.		A B C D E F				ALCOHOL									
RECEIVED CALL		DISPATCHED		ARRIVED		CLEARED		OTHER TIME		TOTAL MINUTES		A B C D E F									
1922		1924		1943		1950		20		27		A B C D E F									
DATE REPORT FILED		PHOTOS		OFFICER'S NAME		BADGE NO.		CHECKED BY		A B C D E F											
M071019122016		YES NO		PH. Todd #116		116				A B C D E F											
I NOT EJECTED		2 PARTIAL		3 TOTAL		4 TRAPPED INSIDE VEHICLE		A B C D E F				ALCOHOL									
I NO DRUGS DETECTED		2 USING PRESCRIBED DRUG		3 USING ILICIT DRUG				A B C D E F				ALCOHOL									